

Foster Family Home - Corrective Action Report

Provider ID: 1-090110

Home Name: Ronnie Paguyo, CNA

Review ID: 1-090110-8

1348 Gulick Avenue

Reviewer: David Ayling

Honolulu

HI

96819

Begin Date: 6/5/2020

Foster Family Home

Required Certificate


[11-800-6]

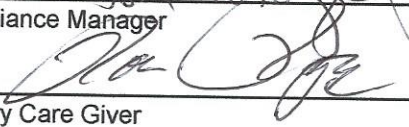
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Annual Home inspection for a 3 person CCFFH.

Completed annual review. No deficiencies.


Compliance Manager


Primary Care Giver


Date


Date